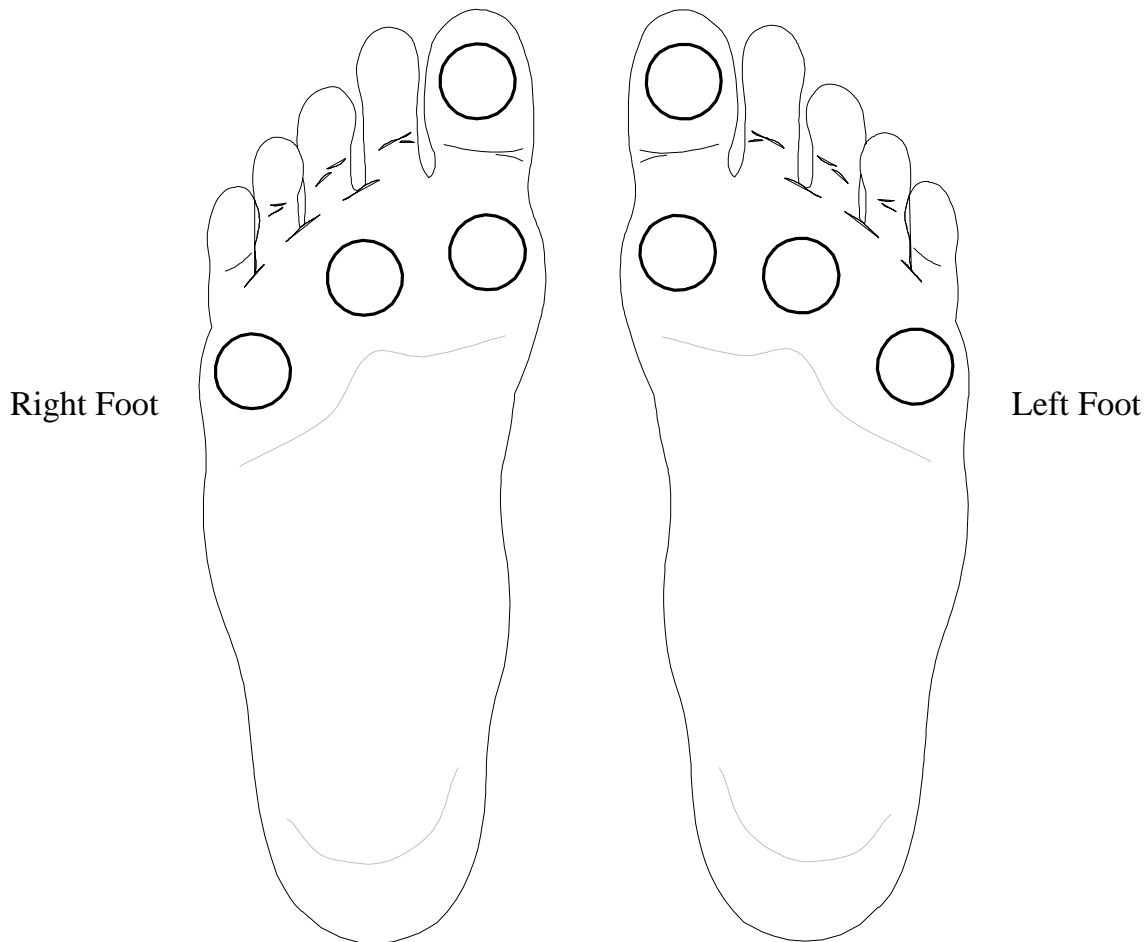


Diabetic Foot Screen For Loss of Protective Sensation <small>Gillis W. Long Hansen's Disease Center, LEAP Program, 5445 Point Clair Road, Carville, LA 70721</small>	Date: _____
Patient's Name (Last, First, Middle) _____	ID No.: _____

Indicate the level of sensation in the circles:

- ⊕ = Can feel the 10 gram nylon filament
⊖ = Cannot feel the 10 gram nylon filament



☐ Patient requested to take this form to his/her provider.

WARNING! ANY OF THE ABOVE TEST SITES MARKED ⊖ INDICATES LOSS OF PROTECTIVE SENSATION.